



Shrewsbury Special Needs Program

2005 Track & Field Registration Form

- ☺ **Registration Deadline:** March 25th
- ☺ **Age Requirement:** 8 years & over
- ☺ **First Practice:** Sunday, April 3rd
- ☺ **Practice Location:** St. John's Track
- ☺ **Practice Time:** Sundays, 4-6PM
- ☺ **Area Games:** May TBA "Worcester"
- ☺ **Summer Games:** *June TBA "Boston"



**Must be 16 years & over to attend Summer Games
If you are unable to attend practice please let the coaches know.*

This program needs the continued support of parents and family members. If you are able to volunteer to help in any way, please fill out the form or contact ggrindle@th.ci.shrewsbury.ma.us

IMPORTANT NOTE: PARENTS ARE RESPONSIBLE FOR SUPPLYING, OR ARRANGING FOR TRANSPORTATION FOR THEIR CHILD/ATHLETE TO PRACTICES AND QUALIFERS.

- ☐ **Jr Athlete \$10.00**
- ☐ **Senior Athlete \$50.00**
(Overnight in Boston)
- ☐ **Volunteer**

*All completed registration forms need
to be received by March 25th
Please mail forms to:*

**Shrewsbury Parks & Recreation
100 Maple Ave. 508-841-8503**

Registration Information (Please Print)

Child's Primary Guardian: _____ **E-mail:** _____

Athlete or Volunteer Name: _____ **Date of Birth:** _____

Address: _____ **Town:** _____ **Zip:** _____

Home Phone: _____ **Cell Phone (emergency use only):** _____

Emergency Contact: _____ **Phone:** _____

Special Needs/Allergies or Medical Concerns: _____

Waiver: Participant or parent hereby states that he or she understands the physical nature of the activity as well as any risk involved, that the participant is accustomed to such activity or has consulted a physician as to the advisability of participation. Parent hereby consents to medical treatment for children listed above in the event of illness or injury. Please list any medical/allergies/special needs that the staff should be aware of to make your participation a success. The Recreation Department/Special Needs Program and/or press will take pictures & video on occasion of participants for publicity purposes and for local cable. If you do not want to have your child photographed let us know. I understand the rules/policies stated above and agree to follow them accordingly. I understand there are no refunds. If a participant does not follow the rules or guidelines when registering for a program then he/she will not be allowed to participate in that activity.

Participant or Guardian Signature: _____ **Date:** _____